

California Department of Corrections and Rehabilitation

Office of Training and Professional Development

Monthly On-The-Job Training Report

MONTH

YEAR

NAME

LAST 4 SSN

CLASSIFICATION

INSTITUTION/FACILITY/DIVISION

UNIT

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Training conducted by a supervisor (or by a designated employee with the required experience under the direction of a supervisor) at the job site while the employee is working.

Date	OJT Code	Subject	Supervisor Signature	Instructor	Hours

Submit only one month's training per form.

NOTE: This report must be submitted to the In-Service Training Manager/Coordinator by the 30th of every month.

TOTAL NUMBER OF HOURS APPROVED:_____